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BOROUGH OF HOVE



ANNUAL REPORT

FOR THE YEAR

1958

on the

HEALTH OF THE TOWN

by

N. E. CHADWICK, M.A., M.D., D.P.H.

Medical Officer of Health for Hove.

TOWN HALL ANNEXE, HOVE

Tel. Hove 31011

17

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HOVE:

The Hove Shirley Press Ltd.
45-47 Shirley Street—A30339

PUBLIC HEALTH COMMITTEE

HIS WORSHIP THE MAYOR
(Councillor F. H. Nixon).

THE DEPUTY MAYOR
(Alderman C. A. Clarke).

Chairman : Councillor P. Earl.

Vice-Chairman : Alderman T. Benson.

Councillor T. Allen.
Councillor D. Benjamin.
Councillor H. G. Clark.
Councillor J. L. B. Jayne.
Councillor E. Johnson.
Councillor H. Leonard.
Councillor Mrs. M. M. Roberts.
Councillor Mrs. L. V. Ryan.

PUBLIC HEALTH STAFF—1958

Medical Officer of Health :

N. E. CHADWICK, M.A., M.D., D.P.H.

Deputy Medical Officer of Health :

R. W. MARTIN, L.R.C.P., S.I.L.M., D.P.H.

Senior Sanitary Inspector :

R. J. CHURCHER, C.R.S.I., and Meat Inspection Cert.

Sanitary Inspectors :

L. A. BRITTAIN, Cert S.I.B., and Meat Inspection Cert.
W. F. BODLE, Cert. S.I.B., and Meat Inspection Cert.
F. DRANSFIELD, Cert S.I.B., and Meat Inspection Cert.
D. BARCLAY, Cert. S.I.B.

Chief Clerk :

F. L. PEET.

Public Analyst :

R. F. WRIGHT, B.Sc. (Lond.), A.R.C.S., F.R.I.C.



BOROUGH OF HOVE

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR 1958

MR. CHAIRMAN, LADIES AND GENTLEMEN,

My Annual Report for 1958 follows the usual lines of all its predecessors—the bulk of its contents comprising the facts and figures required by the Ministry of Health with a foreword in which I draw attention to events of special local importance and comment upon trends both local and national which I consider deserve special mention.

The present review coincides with the tenth anniversary of the establishment of the National Health Service and although my position as Medical Officer of Health for the Borough does not involve any direct responsibility for its working, I have thought fit to accept the Ministry's invitation issued to those Authorities which are also Local Health Authorities, to set down some of my views on its functioning since 1948.

At its inception and subsequently some misgiving was felt at the tripartite division of responsibility between Local Executive Councils, Regional Hospital Boards and Local Health Authorities and at various times recommendations and suggestions have been made in the interests, so it is alleged, of increased efficiency and economy that one or other section of the service should be taken away from its present controlling body and handed over to another. Ten years, while long enough to show up minor imperfections, is too short a period in which to make major changes and on the whole the three partners have fitted in surprisingly well with one another, and such omissions as there have been in the main have been those inseparable from the launching of a new ship, the members of the crew of which are not entirely conversant with their own duties and certainly ignorant of each other's. The General Practitioner cannot always find the time

to be the family doctor, the hospitals cannot admit all the cases on their waiting lists without some delay and are compelled at times to discharge patients, especially from the acute wards, to home conditions which are not conducive to their full recovery.

So far as the Part III Services are concerned it must be admitted that the community care of those discharged to its care is inadequate and the preventive side minimal in the case of old people and the mentally ill. It is only fair to add that most of these deficiencies and others are due more to lack of money and lack of staff than to lack of interest or recognition—the relationship between the various authorities at officer level has always been excellent ; good will and a genuine desire to remedy omissions when attention has been drawn to them whenever it has been possible has always existed.

There therefore seems to be little reason for amending the basic structure of the National Health Service and none for re-allocating any of its functions. Two Committees—the Guillebrand and more recently the Cranbrook on Midwifery—have after hearing the views of many experts and innumerable interested parties and after a most painstaking review of all their evidence come to the conclusion that nothing was to be gained and much might be lost by any interference with the present scheme of administration.

By reason of the non-elective character of two of the main controlling bodies—*i.e.* the General Practitioner and Hospital Services, Hove has had to depend upon County Council representation and except when publicity has been given to such an event as the proposed closure of Sussex Maternity Hospital has been kept in ignorance of their policy and plans. With its wide delegated powers shortly to be assumed under the Local Government Act 1958, it seems to me that there should be closer liaison with and a wider dissemination of information about developments in the other two sections of the service.

Vital Statistics.

In order to facilitate comparison between different areas the vital statistics relating to mothers and children have been set out in a more detailed form on page 15 but they show very little departure from the rates of the past 10 years. The population during that period has only risen with slight fluctuations from 68,170 in 1949 to 69,790 in 1958 the reasons for which have been fully explained in previous reports. Whether the present fashion for the demolition of “fine old Victorian houses” and their replacement by “skyscraper blocks of flats” will make Hove more attractive to immigrants is a question which only time will answer although up to the present most of them appear to be occupied as soon as or before they are completed. Unless, however, the contemplated flat building programme can attract occupiers from outside the borough I can foresee a surplus of accommodation of this type during the next 5-10 years. It is a subject for philosophical contemplation whether in urban areas this represents an increasing translation from the proverbial Englishman’s Castle, *i.e.* a house with a garden and if so what effect it may have on our

national character—will it lead to greater gregariousness and a diminution of what other nations usually regard as one of our failings—a tendency to keep ourselves to ourselves.

The Local Birth Rate continues to move slowly upwards, 10.78 to 11.18 and with it the Infant Mortality Rate 18.64 to 19.23 although the actual number of Infant Deaths was 1 less than in 1957, and in all but 1 the maximum survival period was 3 days. Except for 2 deaths, 1 from carbon monoxide poisoning and 1 from want of attention at birth in a baby found in a local park, none could have been prevented.

The number of deaths was up by 128—and the Death Rate rose from 17.19 to 18.99, this increase being distributed between Cancer of the Stomach, Coronary and other Heart Disease. Deaths from Cancer of the Lung were stationary. There were 3 deaths from Leukaemia as compared with 5 in 1957. The effect upon the incidence of this disease of the greatly increased use of X-Rays both in diagnosis and in treatment and particularly the influence of Mass Radiography was the subject of a Government Committee set up under the auspices of the Medical Research Council. In their conclusions they said, “the value of mass miniature radiography was so great that it must not be curtailed without good cause and we think it important therefore to state that these examinations properly conducted make a negligible contribution to the total radiation to which the population is exposed. An individual who has 10 mass miniature radiography examinations over a series of years would have his chance of developing Leukaemia in any year increased—if at all—from 50 in a million to at most 51.” Nevertheless the Committee recommended that children under the age of 14 and pregnant women should when it is necessary be examined by large films and not by mass radiography.

There was one maternal death in a primipara who after obstructed labour developed an acute obscure blood condition for which no treatment was availing. A thorough investigation of all the circumstances together with a post-mortem examination revealed that there had been no lack of care ante-natally and that the immediate relieving measures following her admission to hospital would in all probability have been successful had it not been for the other condition which supervened.

Infectious Diseases.

For all notifiable diseases 1958 was, with one exception, a light year. Measles, however, showed an increase over the total for 1957 and undoubtedly the pattern of this complaint has altered since the war. It now seems that in a mild form year by year it never leaves us entirely although its incidence varies. There were 2 notifications of Paratyphoid Fever but despite a widespread investigation the source was undetermined which is usually the fate of these sporadic cases. It is only when there is an outbreak and not always then that its origin

can be discovered and its pattern determined. Poliomyelitis cases numbered 6, only 5 however being residents in the Borough. Once more the influence of age on its severity was noted—the only 2 Paralytic types, 1 of whom died aged 50, were both adults. 1 patient—Non-paralytic—had been immunised with the Salk Vaccine some 3 months earlier. This is not evidence of the failure of the vaccine—it has never been claimed that it will protect against the Non-paralytic type, but perhaps lends some support to the possibility that without it the child might well have developed the serious variety.

Food Poisoning.

3 cases only, 19 months, 20 years and 15 months, were reported during the year—separated both by time and residence—2 were discovered through attendance at the Children's Hospital. It is only when there is an outbreak involving a large number of individuals or a whole family affected that it is possible to discover the type and source of the infection and even then painstaking investigation may be nullified by the absence of any of the suspected articles of food or by the time which has elapsed between the onset of the illness and the date of notification to the Public Health Department. This was the case with all 3 patients in the present series and in none was it possible to tie up the bacteriological findings in the stools with the suspected vehicle of infection.

Local Government Act, 1958.

This Act received the Royal Assent in July 1958 and within six months of that date the Council were required to make the decision whether or not to claim powers connected with the administration of the Education, Health and Welfare Services within the Borough under a scheme of delegation by the County Council. In addition, with the consent of the Minister of Health, the provision of residential accommodation for the old and infirm, temporary accommodation for persons in urgent need and the care and after care in residential accommodation of persons suffering from Mental Illness—this latter provision has not hitherto been provided by any Authority in the Country—also could be delegated. An application for these additional powers was made not however with the support of the County Council. The Minister in the accompanying circular expressed the view that the delegation was to be a real delegation, that on the health side it was intended to be experimental and that the Government might after the Boundary Commission had visited the areas, made its recommendations and the County Reviews taken place, change delegation into direct conferment. It is perhaps illuminating that after all these Ministerial announcements only 19 towns in England and Wales are entitled to this delegation by right, many more with the requisite population being excluded by their geographical situation in the greater London area and it seems possible that some of the 19 may well lose their enhanced status when the Boundary Commission has finished its perambulations.

Old People.

The table on page 16 shows that 383 cases in the two towns were added to the Register which now includes particulars of well over 1,000, all of whom are in need of some kind of supervision and many requiring the better care and accommodation provided in a Welfare Home or Geriatric Ward. The accommodation for this type of case is still inadequate even though it exceeds the provision made in many other parts of the Country and it is most notably lacking for those who are wholly or semi-bedridden. In that connection I should like to pay tribute to the work of the Home Helps who between them by attending 286 cases during the year enabled these old people to remain in their own homes, however, on very often a substandard level of existence. I would also refer to the Meals on Wheels Service of the Hove W.V.S. who up to the 30th September had served over 6,000 meals to old people who otherwise would not have enjoyed a single two course hot meal during the week. In January the cooking of the meals was transferred to the W.V.S.' own premises and has resulted not only in economies but also in a more appetising and suitable meal for the recipients.

Action was taken under Section 47 of the National Assistance Act 1946 for the compulsory removal of 4 old people, 3 to hospitals and 1 to a County Welfare Home. Many of these cases arise through lack of preventive services in the past aided and abetted quite frequently by the inability or unwillingness of old people to exchange their subnormal existence for one designed to enable them to enjoy their remaining years at the cost of some restriction of their complete freedom to do as they like with their own life. It is always distasteful to uproot an old person from their familiar surroundings however sordid they may be but I believe that a Medical Officer of Health is failing in his duty when conditions have become so bad that no amount of cleansing of the premises or rehabilitation of the patient is possible.

A hospital patient can after signing the appropriate form discharge himself into the most squalid surroundings where he can neither obtain the proper treatment for his disease nor even the appropriate alleviation of his symptoms and the hospital has no further responsibility. In my opinion the Medical Officer of Health should not allow that patient to remain in those same surroundings until his death merely because to do so would involve interference with the liberty of the individual to both make his own bed and to lie on it. This is particularly the case where as so frequently happens the continuance of his mode of existence means interference with the comfort and convenience and health of his neighbours.

Clean Air Act, 1956.

The remaining clauses of this Act came into force on the 1st June, 1958. They comprised with certain exceptions the prohibition of dark smoke from the chimney of any building including a private dwelling house, a vessel or railway engine and of the emission of smoke and grit from factories and works unless all practical means to prevent

it have been tried. Unfortunately as it seems to me, under the Alkali Works Order of 1958 the Minister exempted Gas and Electricity Undertakings from the direct control in this respect of Local Authorities and placed them under the Alkali Inspectorate.

Except for occasional complaints about laundry chimneys usually proving to be due to a breakdown of the technique of the boiler attendant or the boiler itself, nuisance from dark smoke has not been a serious one in Hove for some years before the Act came into force but in the past there have been frequent complaints about grit deposits more especially on the Kingsway and the roads leading northwards from the western side of the Borough. These are discussed more fully in the section dealing with the activities of the Joint Committee for Atmospheric Pollution. One large firm after prolonged negotiation has at length agreed to instal a grit arresting plant designed to obviate the frequent complaints which have been received. Whilst, however, these various sources of inconvenience are largely being obviated there still remains the increasing disturbance of every day existence by noises of all degrees of intensity and difficult though this subject may be it is obviously one which will have to be investigated and minimised if modern life is to become endurable if not enjoyable.

Survey of Basements.

The position at the end of 1957 was that although the Council had committed themselves to providing 60 units of housing accommodation during the next 3 years for the rehousing of families from basements unfit for habitation, they deferred the implementation of that decision until October 1958 when the Housing Committee would consider its building programme for 1959. This limited in the meantime the Public Health Committee to dealing with individual basements becoming vacant, or on submission of building plans, to cases on the Priority Housing List and whenever urgent action involving closure was required. At their meeting in November the Council accepted the recommendation of the Housing Committee that 30 units of accommodation be allocated in 1959 and that a start should be made on the survey on the South East area of the town extending to Waterloo Street, Upper Market Street, Lower Market Street to Brunswick Terrace and Brunswick Square. As a first step a census of the residents in those streets was carried out with a view to ensuring that no tenant for whom rehousing would be ultimately required could slip into vacant possession at the last minute when the basement was due to be closed. Basements can generally be divided into 3 categories :—

1. Those that under no circumstances can be made to comply with the underground room regulations—the remedy for which is closure.
2. Those that can be rendered fit at a reasonable cost ; there being no definition of a reasonable expense this can very well become a subject for discussion with the owner.
3. Those that cannot be made fit at a reasonable cost.

Even so in this last type the landlord may be willing to spend a considerable sum on improvements or conversion in an effort to prevent the basement being closed. With the view to assisting the tenant to retain his occupation of the premises coming within the last two categories, the Council agreed to providing temporary accommodation for them during the period when the alterations are being carried out. This procedure has not been tested yet but it seems doubtful whether landlord or tenant will be very anxious to take advantage of it—the former because it will involve him in taking the tenant back after the improvement has been completed—the latter because he may not care for the temporary accommodation provided or he may have to pay two rents during his period of unoccupancy and in any case an increased one after he returns.

The result of the preliminary survey and census of Waterloo Street, Upper Market Street, has revealed the position as set out below :—

- (a) Overcrowded tenanted basement flats from which permanent rehousing (either in Council accommodation or elsewhere) will be required.
- (b) Non-overcrowded tenanted basement flats from which permanent rehousing (either in Council accommodation or elsewhere) will be required, unless arrangements can be made for the owner to make the flat fit for habitation and for the tenant to resume occupation after residing in temporary accommodation during the execution of the works.
- (c) Basements occupied by tenants in conjunction with accommodation on other floors.
- (d) Basements occupied by owners in conjunction with accommodation on other floors.
- (e) Basements occupied by owners without accommodation on other floors.
- (f) Vacant basements.
- (g) Basements made fit or in course of being made fit by the execution of works approved by the Committee.
- (h) Basements used otherwise than for human habitation.
- (i) Closing Orders already made in respect of basements.

	<i>Waterloo Street</i>	<i>Lower Market St.</i>	<i>Upper Market St.</i>	<i>Total</i>
(a)	11	—	—	11
(b)	12	7	4	23
(c)	—	2	2	4
(d)	7	4	2	13
(e)	—	—	2	2
(f)	3	2	3	8
(g)	—	3	—	3
(h)	27	1	3	31
(i)	2	1	2	5
	62	20	18	100

It became obvious from the additional work which had already resulted from the initiation of the scheme that additional staff would be required and it has now been agreed that an additional Public Health Inspector should be appointed to help Mr. Dransfield with basements generally throughout the town.

Housing.

Although from the table on page 24 it will be seen that the number of families inhabiting Council House property was not greatly different from 1957, the distribution has been altered. Approximately half of those living in requisitioned property have been transferred to property purchased by the Council and the number of old people housed in Old People's Flats had gone up by 50%.

The general waiting list has fallen from 468 to 393—the largest reduction being in families with 1 child only. Although before October 1958 some 300 had applied to be placed on a special rehousing list as a protection against possible eviction as a result of the operation of the Rent Act, in fact this number has been reduced to approximately 50, only about 12 of whom had to be accommodated in Council property.

Tuberculosis.

98 cases of Pulmonary and 7 of Non-Pulmonary Tuberculosis were added to the register, 93 were removed through death or other causes. This left a total of 641—9 more than in 1957. The position can therefore be summed up as virtually static, although once again the new additions over the age of 35 years comprised 55% of the total.

For the second year the Mass Radiography Unit was stationed at the Hove Town Hall during the month of April and the table reproduced below sets out the results :—

MASS RADIOGRAPHY UNIT.

ANALYSIS OF RESULTS OF SURVEY CARRIED OUT AT HOVE AND PORTSLADE AREA from 9-4-58 to 25-4-58.

	Male	Female	Total
Number of Persons X-Rayed ..	2386	2832	5218
Number recalled for Large Films ..	139	125	264
Analysis of Abnormal Large Films :			
(a) Tuberculosis requiring Treatment or Close Clinical Supervision	5	4	9
(b) Tuberculosis requiring Occasional Clinical Super- vision	7	2	9
(c) Maligant Disease ..	5	1	6
(d) Cardio-Vascular Diseases ..	17	11	28
Number (per 1,000 persons X-Rayed) with Tuberculosis requiring Treatment or Close Clinical Supervision : 1.72.			

It should be pointed out that although all those persons were X-Rayed in Hove they did not necessarily reside there—many of them found it convenient to attend the sessions because of the proximity of their place of employment rather than of residence.

Mental Health Bill.

Following on the report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, many of its recommendations were incorporated in a Mental Health Bill which is now passing through the House of Commons. The aims underlying the Bill are to restrict the compulsory control of mental patients to the minimum, to restrict their deprivation of liberty to the shortest possible time and to substitute care by the community as represented by the Local Health Authority for the present one of residence voluntary or compulsory in a mental hospital. The distinction between Mental Illness and Mental Deficiency is to be abolished and persons suffering from any type of Mental Disorder can be admitted to any type of hospital voluntarily or compulsorily—this is bound to cause administrative difficulties if it is to include general

hospitals. The approval of a Magistrate before detention in hospital can be carried out will no longer be required and in any case detention is limited to three groups—the mentally ill, the severely subnormal and the Psychopathic, *i.e.* “persons suffering from a persistent disorder of personality which results in abnormally aggressive or serious irresponsible conduct”—the latter can only be detained normally up to the age of 25 years. All will be permitted to apply to special Mental Health Tribunals for release 6 months after their admission and in any event their discharge becomes automatic after 12 months unless renewed. Local Health Authorities will be called upon to provide residential accommodation and training or occupation centres. In my report to the Public Health Committee on the general basis of the Bill as it then stood I sounded what I regarded as a very necessary warning. “The conception that mental illness is entirely on a par with physical illness and that both can and should be treated on exactly the same lines, is I believe not entirely correct and my own feeling is that there will always need to be a modicum of compulsion in the former which is not required in the latter.

“Some 70-80% of admissions to mental hospitals at the present time are discharged within the year, but 45% of those are re-admissions which tends to show that either the voluntary principle is not sufficient or the standard of community care in the outside world is not adequate. A patient who has been detained in hospital for a period of years does not necessarily welcome release, nor can he always re-accustom himself to a world which is very different from the one he left. Therefore, I hope that in their zeal for the liberty of the subject, those responsible will not overlook the difficulties of relatives at home nor the financial burdens of the Local Authorities who will have to provide the necessary community care on a very big scale.”

This is one of the powers which will be delegated to Hove when the scheme to be made under the Local Government Act comes into operation.

Joint Committee on Atmospheric Pollution.

In the Annual Report of this Committee by the Medical Officer of Health of Southwick and myself, we summed up the position so far as the grit nuisance is concerned by saying that the emphasis has shifted to complaints of coal and coke dust and an interview with the Chairman of the South Eastern Gas Board is being sought in order to explore possibilities of minimising the inconvenience caused to factories and householders in the western area of the town. The deposit gauges showed on analysis that with the exception of those at Brickwoods on the Kingsway and Fryco Works in Victoria Road, Portslade, the normal level of atmospheric pollution is that of a residential area well below the average of the Country as a whole. The two exceptions showed very wide fluctuations not wholly accounted for by variations in the rainfall and wind direction and occasionally reached the levels of industrial areas in the Midlands or the North.

Poliomyelitis Vaccination.

As from January 1958, supplies of the American and Canadian Salk Vaccine which had passed the appropriate tests in this Country were

for the first time available and at the same time the age groups eligible were expanded to include those born in 1943 and later, expectant mothers and others who by the nature of their occupation were considered to run special risks, *i.e.* doctors and nurses with their families. In actual fact the first allocation of vaccine did not arrive until May. In the following September the age limit was again raised to those born in 1933 onwards. This raised problems of the best method of approach to these teenagers and young adults who are in many cases free from parental and scholastic control and not susceptible to ordinary methods of propaganda, and it necessitated the opening of evening and Saturday morning Clinics. This was done in Hove from the middle of November to the end of January 1959—the two evening Clinics a week—at Hangleton and Clarendon Villas Welfare Centres—and at the latter one on Saturday mornings. Despite extensive publicity and direct approach through the larger factories the response was most disappointing—in the whole 3 months only 300 persons attended and latterly the attendances tailed off so greatly that it was decided to close them. Obviously something more than an appeal to reason and common sense was required—something which was supplied later in the death from the disease of a well known professional footballer. At the same time as these other extensions were made the Ministry recommended the addition of a third or booster dose—not earlier than 7 months after the conclusion of the first course of two injections. Arrangements were made to offer it to all those who had initial injections commencing with those who had taken part in the pilot experiment in 1956 and by the end of the year 1,100 children had received their third injection. The number of eligibles up to the age of 15 is approximately 12,000 and of these approximately 6,000 had applied for and completed their course of injections, *i.e.* 50%, not a very satisfactory response considering the nature of the disease and attendant risks of death, complete or partial paralysis.

Our main efforts were naturally concentrated on protection against Poliomyelitis, but we were able to maintain our usual level of primary immunisation against Diphtheria and of vaccination and re-vaccination against Smallpox. We were, however, not able to do what we have always done in previous years, go round the junior schools and give reinforcing doses of protection against Diphtheria to children of the age of 7 and upwards. Of the 600 children who were immunised against Diphtheria for the first time some 500 were also inoculated against Whooping Cough and Tetanus.

Conclusion.

At the end of some 27 years during which I have acted as Medical Officer of Health to the Borough and in the light of the increasing variety and complexity of the Nation's Health provision, the legislation which accompanies it and the departmental circulars which attempt to explain it, I am more than ever conscious of the whole-hearted and indeed essential assistance and support which the whole

of my staff always give me. To those in charge of definite sections of the work, such as Dr. Martin, my Deputy, Mr. Churcher, the Chief Public Health Inspector and Mr. Peet, the Senior Administrative Officer, I am especially grateful but their efforts are supplemented by many others whose continued desire and achievement is to make the wheels run smoothly. To the Chairman and Members of the Public Health Committee I am also greatly indebted for their ready support and encouragement at all times throughout a year which has brought with it many new problems.

I am, Mr. Chairman, Ladies and Gentlemen,

N. E. CHADWICK,
Medical Officer of Health.

STATISTICS, 1958.

Area	..	..	..	..	(Acres) 4,010 $\frac{3}{4}$
Resident Population (Mid-1958)	..	..	..	..	69,790
Population, 1951 (Census)	..	..	..	..	69,435
Rateable Value (31st March, 1959)	..	..	..	..	£1,729,662
Sum represented by a penny rate	..	..	..	..	£6,900

				M.	F.	
Deaths	1325	560	765
Death rate : 18.99 (standard).						
Death rate : 11.77 (corrected).						
Deaths from Cancer	..	..	..	..	232
Deaths from Measles	..	..	..	..	<i>Nil</i>
Deaths from Whooping Cough	..	..	..	..	<i>Nil</i>

Births.

Live Births	..	..	780	417	363
Live Birth Rate per 1,000 population :	11.18 (Standard)				
Live Birth Rate per 1,000 population :	13.08 (Corrected)				
Still-Births	..	..	14	8	6
Still-births Rate per 1,000 live and still-births :	17.63				
Total live and still-births	..	..	794	425	369
Infant Deaths	..	..	15	13	2
Infant Mortality Rate per 1,000 live births :	19.23				
Infant Mortality Rate per 1,000 live births :					
	Legitimate		16.87		
	Illegitimate		43.47		
Neo-Natal Mortality Rate per 1,000 live births :	17.94				
Illegitimate live births per cent. of total live births :	8.84%				
Maternal deaths (including abortion) :	1				
Maternal mortality rate per 1,000 live and still-births ;	1.25				

REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of Beds provided for :		
		Maternity	Others	Totals
Homes first registered during year	2	—	16	16
Homes where registrations were withdrawn during the year	4	—	45	45
Homes on the Registered List at end of year	31	12	339	351

OLD PEOPLE, 1958.

Total number of new patients visited during the year	..	383
Total number of revisits	.. ..	1178
Brighton General Hospital and related Hospitals	.. ..	39
Brighton General Hospital Mental Observation beds	.. ..	4
Other Hospitals	.. ..	9
Nursing Homes	.. ..	12
St. Francis Hospital	.. ..	4
County Welfare Homes	.. ..	17
Private Old People's Homes	.. ..	9
Observation at home or pending admission to County Welfare or other homes	.. ..	289
		383
Of the above :		
Died at home	.. ..	22
Died in hospital	.. ..	28
Died in nursing homes		7
Died in Cty. Welfare Homes		1
Left District	.. ..	15
Died in St. Francis Hospital		1
Died in Private Old People's Homes	.. ..	2
Compulsory Removal (Sec. 47 Nat. Asst. Act)		4

TUBERCULOSIS 1958.

TUBERCULOSIS.

		New Cases. *				Deaths.				Other Removals				Cases on Register.				Totals	
		Pul.		Non-Pul.		Pul.		Non-Pul.		Pul.		Non-Pul.		Pul.		Non-Pul.			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Under 1	..																		
1— 5	..	3								2				1					
5—10	..				2									4	3				
10—15	..	1	1							1	2			7	9	2	2		
15—20	..	3	2							2				8	5	3	7		
20—25	..	6	6	1						2	7			16	21	5	1		
25—35	..	9	13		1					8	16	1		58	55	4	4		
35—45	..	9	4	1					1	12	4	1		73	51	5	5		
45—65	..	19	13	1	1	2	1			12	8		1	150	57	3	10		
Over 65	..	6	3			4	1			4	1			40	23	1	5		
Totals	..	56	42	3	4	6	3			43	38	2	1	357	224	23	37		

* These figures include "Inward Transfers."

INFECTIOUS DISEASE.

INFECTIOUS DISEASE, 1958. DISEASES NOTIFIED DURING THE YEAR.

Disease		Total Cases Notified
Scarlet Fever ..	..	29
Whooping Cough ..	..	63
Poliomyelitis ..	..	6
Measles ..	..	536
Dysentery ..	..	12
Pneumonia ..	..	43
Erysipelas ..	..	4
Food Poisoning ..	..	3
Puerperal Pyrexia ..	..	2
Paratyphoid Fever ..	..	2
Ophthalmia Neonatorum ..	..	1

VENEREAL DISEASES.

Statement of Cases admitted to the Brighton V.D. Clinic from the Hove Area for the year 1st January, 1958—31st December, 1958.

		Patients transferred to the Hove Area from other V.D. Clinics			
Syphilis.		M.	F.	M.	F.
Secondary	..	2	1	1	—
Neuro	..	2	—	—	—
All other Late or Latent Stages	..	4	1	1	1
		<hr/>	<hr/>	<hr/>	<hr/>
		8	2	2	1
Less transferred from other clinics	..	2	1		
		<hr/>	<hr/>		
		6	1		
		<hr/>	<hr/>		
Gonorrhoea		33	7	3	—
Less transferred from other areas	..	3	—		
		<hr/>	<hr/>		
		30	7		
		<hr/>	<hr/>		
Other Conditions.					
Non-specific Urethritis		27			
Conditions requiring treatment	..	28	17		
Conditions not requiring treatment	..	11	6		
		<hr/>	<hr/>		
		66	23		
		<hr/>	<hr/>		

DIPHTHERIA IMMUNISATION

1958.

DIPHTHERIA IMMUNISATION.

	AGE at date of final injection (as regards A) or of reinforcing injection (as regards B).			
	Under 1	1 to 4	5 to 14	Total
A. Number of children who completed a full course of primary immunisation in the Authority's Area (including temporary residents) during the year ..	454	155	20	629
B. Number of children who received a secondary (reinforcing) injection (<i>i.e.</i> , subsequently to primary immunisation at any earlier age) during the year ..	—	22	77	99
C. Total number of children who have received the combined Diphtheria and Whooping Cough course of injections during the year	377	116	8	501
D. Number of children who received the triple vaccine (Diphtheria-Tetanus-Pertussis) during the six months ended 31st Dec., 1957	368	101	13	482

There were no cases of Diphtheria notified during the year.

VACCINATION.

VACCINATION, 1958
NUMBER OF PERSONS VACCINATED OR RE-VACCINATED DURING 1958.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ..	440	46	13	24	52	575
Number Re-Vaccinated ..	—	2	14	51	421	488

1958.
POLIOMYELITIS VACCINATION.
HOVE.

Class	Number vaccinated with two injections	Number of applicants awaiting vaccination at 31st Dec., 1958
Children born in the years 1943 to 1958 ..	5831	105
Young Persons born in the years 1933 to 1942	203	2
Expectant Mothers ..	152	1
Others	83	—
Total ..	<u>6269</u>	<u>108</u>

Number of persons who had received one injection only at 31st Dec., 1958 :

(i) Children	80
(ii) Young Persons	12
(iii) Expectant Mothers ..	1
(iv) Others	—
Total ..	<u>93</u>

Total number of persons who had received three injections at 31st Dec., 1958 :

1101

(a) HOUSING PROGRESS REPORT FOR YEAR ENDED
31st DECEMBER, 1958.

Post-War Council Houses and Flats.

		<i>Total at Quarter ended</i>				
		31/12/57	31/3/58	30/6/58	30/9/58	31/12/58
(a)	Total built under Contract and by Direct Labour since 1945	1241	1241	1271	1287	1287
(b)	Total number in course of construction	—	46	16	—	52

Requisitioned Property.

(c)	Total number of houses upon which requisition has been confirmed ..	46	43	41	37	26
(d)	Number of family units contained in these properties ..	167	155	148	127	90

(b) THE TOTAL NUMBER OF FAMILY UNITS OF
ACCOMMODATION IN ALL PROPERTIES AT
31st DECEMBER, 1958.

Council Houses and Flats	..	2044
Requisitioned Property	..	90
Old People's Flats	.. ..	133
Purchased Property	.. ..	207
		<hr/>
		2474
		<hr/>

(c) THE TOTAL NUMBER OF FAMILY UNITS RE-
HOUSED IN ALL PROPERTIES FROM 1st JANUARY,
1958 TO 31st DECEMBER, 1958.

82

(d) THE PRESENT POSITION (31-12-58) AS TO OUT-
STANDING APPLICATIONS FOR ACCOMMODATION
IS AS FOLLOWS.

One or more Adults	..	29
Man and wife only	.. ..	32
Man, wife and 1 child	..	117
Man, wife and 2 children	..	112
Man, wife and 3 children	..	27
Man, wife and 4 or more children		16
Aged persons	.. ..	60
		<hr/>
	TOTAL	393
		<hr/>

SANITARY CIRCUMSTANCES OF THE AREA.

SANITARY INSPECTION OF THE DISTRICT.

ANNUAL STATEMENT OF THE SENIOR PUBLIC HEALTH INSPECTOR FOR THE YEAR 1958.

Total number of Houses inspected (under Public Health or Housing Acts)	..	..	..	769
Total number of Revisits	..	..	..	1660
Total number of Inspections made for the purpose	..			882
Number of Houses inspected found with defects	..			583
Number of Informal Notices served	..	..		565
Number of Statutory Notices served	..	..		12
Number of Premises inspected (other than houses) from complaints of nuisances, etc.	..	..		31
Number of Inspections made for the purpose	..			36
Number of Revisits	..	..	..	54
Number of Premises inspected in which nuisances were found	..	..	..	14
Number of Informal Notices served	..	..		14
Number of Statutory Notices served	..	..		<i>Nil</i>

Dairies and Milkshops.

Number of Inspections of Dairies	..	..		72
Number of Inspections of Milkshops	..	..		86

Food Hygiene Regulations.

Number of Shops inspected in respect of Meat	..			303
Ice Cream	..	..	..	169
Fish	..	..	..	77
Grocery, Provisions, etc.	..	..	..	153
Cafes, Restaurants, Kitchens, etc.	..	..		208
Other Shops	..	..	..	104
Bakehouses	..	..	..	45
Informal Notices served	..	..	..	34

Shops Act, 1950.

Number of Shops inspected	..	..	..	88
Number of Notices served.	Informal	..	..	16

Stables.

Number of Stable inspections	..	..	9
Number of Notices served.	Informal	..	<i>Nil</i>
	Statutory	..	<i>Nil</i>

Vermin (Bugs).

Number of visits regarding verminous premises	..	11
Number of visits regarding disinfestation of rooms	..	9
Number of rooms treated for vermin	..	27

Drains.

Number of drains completely renewed	..	8
Number of drains partly repaired	..	25
Number of visits during reconstruction or repair	..	103

Illness.

Number of visits in respect of illness.	Infectious	..	30
	Non-infectious	..	3
Number of visits in respect of Tuberculosis	..	..	9

Miscellaneous.

Number of Sundry visits	..	333
Number of visits respecting Unsound Food	..	140

Table of Defects.

Number of soil and vent pipes, W.C's, sinks and waste pipes		38
Number of gutters and rain water pipes	..	52
Number of structural defects to walls, floors, ceilings, doors, windows, grates, stairs and handrails	..	44
Number of roofs, chimneys, yard paving, steps and areas		84
Number of dustbins, ashpits	..	57
Number of cases of dampness	..	120
Number of accumulations of manure, refuse, etc.	..	20
Number of animal nuisances	..	2
Number of defective water supply	..	4
Number of choked drains	..	52
Number of bakehouses limewashed	..	2

HOUSING STATISTICS FOR THE YEAR 1958.

Number of new houses erected during the year :

(a)	By Private Enterprise	..	208
	Blocks of Flats providing		
	family accommodation	..	163
	Additional Dwellings by conversion		
	into Flats	.. ..	143
(b)	With State assistance under Housing Acts :		
	By Local Authority.	Houses	<i>Nil</i>
		Flats ..	46
		Conversions	25

RENT ACT, 1957.

Number of Applications for a Certificate of Disrepair	..	23
Number of Undertakings given by the Owner	..	7
Number of Certificates Issued	.. ..	12
Number of Applications Refused	.. ..	4

NUMBER OF CLOSING ORDERS MADE AND UNDERTAKINGS ACCEPTED IN RESPECT OF UNDERGROUND ROOMS.

Closing Orders :

Whole Basements	..	6
Partial Basements	..	8

Undertakings given to render rooms Fit :

Whole Basements	..	11
Partial Basements	..	4

NUMBER OF REVOCATIONS OF CLOSING ORDER AND UNDERTAKINGS IN RESPECT OF UNDERGROUND ROOMS.

Closing Orders	.. ..	2
Undertakings	.. ..	6

INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors). FACTORIES ACT, 1937.

INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises.	M/c Line No.	Number on Register	Number of		
			Inspections	Written notices.	Occupiers prosecuted.
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities ..	1	59	60	3	<i>Nil</i>
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	239	281	10	<i>Nil</i>
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	3	2	2	—	<i>Nil</i>
TOTAL		300	343	13	<i>Nil</i>

CASES IN WHICH DEFECTS WERE FOUND.

Particulars	M/c Line No.	Number of cases in which defects were found.				No. of cases in which prosecutions were instituted
		Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of Cleanliness (S. 1) ..	4	6	6	—	1	—
Overcrowding (S. 2) ..	5	—	—	—	—	—
Unreasonable temperature (S. 3)	6	—	—	—	—	—
Inadequate ventilation (S. 4) ..	7	1	1	—	—	—
Ineffective drainage of floors (S. 6)	8	1	1	—	—	—
Sanitary Conveniences (S. 7)	9	—	—	—	10	—
(a) insufficient ..						
(b) unsuitable or defective	10	2	2	—	—	—
(c) not separate for sexes ..	11	4	4	—	—	—
Other offences against the Act (not including offences relating to Outworkers) ..	12	4	4	—	1	—
TOTAL ..		28	28	—	12	—

OUTWORKERS.

Sections 110 and 111.

Nature of Work	M/c Line No.	Section 110			Section 111		
		No. of outworkers in August list required by Sect. 110 (1) (c).	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in unwhole- some premises.	Notices Served.	Prosecutions
Wearing Apparel, Making, Altering, etc.	13	12	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>
Furniture and Upholstery	18	4	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>
TOTAL	..	16	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>

FOOD PREMISES.

Registered under Section 16 of the Food and Drugs Act.

Ice Cream.

For the manufacture of Ice Cream	2
For the sale of Ice Cream ..	177
Premises registered for Cooked and Preserved Meat ..	33
Premises registered for the Manu- facture of Sausages ..	31

Dairies Registered under the Milk and Dairies Regulations, 1949.

Number of Registered Dairies ..	4
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FOOD AND DRUGS ACT.

Formal Samples.

Milk	35
Bread and Butter	1
Roll and Butter	2
Butter	1
Cream Doughnuts	3
Cream Meringue	1
Ice Cream (with added Cream) ..	3
Gin	4
Whisky	25

Informal Samples.

Cream	6
Tinned Rhubarb	2
Tinned Raspberries	2
Tinned Strawberries	1

Total	86
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DEFICIENT SAMPLES.

Sample No. 189.	Roll and Butter.	Sample contained only 10% Butter Fat.
Sample No. 465.	Whisky.	Sample contained 62.6% Proof Spirit.
Sample No. 547.	Whisky.	Sample contained 61.2% Proof Spirit.

PROSECUTION.

The vendor of the sample of Whisky No. 547 was prosecuted and pleaded Guilty. A fine of £10 was imposed plus costs amounting to £5. 10s. 0d., making a total of £15. 10s. 0d.

EXAMINATION OF ICE CREAM.

Number of Samples taken	..	12
Graded as follows :		
Grade 1	..	12

RATS AND MICE.

During the year, the Rodent Operators made 3,311 visits for the eradication of rats and mice.

The number of rat bodies found was 329 but this by no means indicates the actual number destroyed as with treatment by poisoning, all bodies are not found. Two full time rodent operators are employed.

SEWER TREATMENT FOR RATS

A complete treatment of the sewers was carried out and the results obtained showed that satisfactory control of the rat population in the sewers is being maintained.

SALE OF MILK UNDER SPECIAL DESIGNATION.

Licences were granted as follows :—

Pasteurisers' Licence	..	1
For the Sale of Tuberculin Tested Milk		62
For the Sale of Pasteurised Milk		86
For the Sale of Sterilised Milk	..	56
Supplementary for the Sale of Tuberculin Tested Milk	..	1
Supplementary for the Sale of Pasteurised Milk	..	1
Supplementary for the Sale of Sterilised Milk	.. ..	1

SAMPLES OF DESIGNATED MILK TAKEN DURING THE YEAR.

Tuberculin Tested Milk (Farm Bottled)	122
Tuberculin Tested Pasteurised Milk	79
Channel Island Pasteurised Milk	.. 77
Pasteurised Milk	.. .. 130
Sterilised Milk	.. .. 26

Samples which did not comply with the Conditions.

Tuberculin Tested Milk	..	13
Tuberculin Tested Pasteurised Milk		3
Channel Island Pasteurised Milk	..	3
Pasteurised Milk	.. ..	3

These samples failed on the Methylene Blue Tests only.

Channel Island Pasteurised Milk	..	1
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This sample failed the Phosphatase Test.

BIOLOGICAL EXAMINATION OF MILK.

Tuberculin Tested Milk	..	73
Tuberculin Tested Channel Island Milk		22
Channel Island Milk	..	1
Non-Designated Milk	..	14

These samples were taken at the Dairy prior to the treatment by Pasteurisation.

No sample was found to contain Tubercle by Guinea Pig innoculation.

NUMBER OF FOOD PREMISES.

Grocers and Provision Merchants		119
Confectioners	.. ..	99
Greengrocers	.. ..	73
Butchers and Cooked Meat	..	49
Delicatessen	.. ..	4
Continental Butcher	.. ..	1
Bakers (retail)	.. ..	41
Fish Mongers (including Fried Fish)		19
Restaurants and Cafes	..	54
Chemists	.. ..	30
Canteens	.. ..	26
Wine Stores	.. ..	20
Pie Manufacturer	.. ..	1
Tea and Coffee Importers	..	1
Biscuit Shop	.. ..	1
Confectionery Manufacturers	..	2
Kiosks	.. ..	6
Beer Bottling Store	.. ..	2
Wholesale Grocers	.. ..	3
Poulterer	.. ..	2
Hotels	.. ..	26
Public Houses	.. ..	26

BACTERIOLOGICAL EXAMINATION OF THE SWIMMING BATH WATER AT THE KING ALFRED.

Small Swimming Bath.

Date	Plate Count Yeastrel Agar 1 day at 37°C. Aerobically	Probable Number of Coliform Bacilli, 2 days at 37°C.	
14th Jan.	2 per ml.	Less than 1 per 100 ml.	
30th Jan.	15 per ml.	Less than 1 per 100 ml.	
12th Feb.	3 per ml.	Less than 1 per 100 ml.	
26th Feb.	111 per ml.	Less than 1 per 100 ml.	
5th March	Less than 1 per ml.	Less than 1 per 100 ml.	
20th March	5 per ml.	Less than 1 per 100 ml.	
21st May	24 per ml.	11 per 100 ml.	11 Faecal
11th June	16 per ml.	Less than 1 per 100 ml.	
25th June	122 per ml.	90 per 100 ml.	90 Faecal
8th July	1 per ml.	Less than 1 per 100 ml.	
16th July	67 per ml.	14 per 100 ml.	3 Faecal
23rd July	2 per ml.	Less than 1 per 100 ml.	
5th August	Less than 1 per ml.	Less than 1 per 100 ml.	
21st August	2 per ml.	Less than 1 per 100 ml.	
27th August	40 per ml.	2 per 100 ml.	2 Faecal
9th Sept.	116 per ml.	1 per 100 ml.	1 Faecal
24th Sept.	34 per ml.	5 per 100 ml.	5 Faecal
7th Oct.	2 per ml.	Less than 1 per 100 ml.	
21st Oct.	7 per ml.	Less than 1 per 100 ml.	

Small Swimming Bath—*continued.*

11th Nov.	43 per ml.	Less than 1 per 100 ml.	
24th Nov.	2 per ml.	Less than 1 per 100 ml.	
11th Dec.	Less than 1 per ml.	Less than 1 per 100 ml.	
29th Dec.	28 per ml.	13 per 100 ml.	13 Faecal

BACTERIOLOGICAL EXAMINATION OF THE SWIMMING BATH WATER AT THE KING ALFRED.

Large Swimming Bath.

Date	Plate Count Yeastrel Agar 1 day at 37°C. Aerobically	Probable Number of Coliform Bacilli 2 days at 37°C.	
15th April	1 per ml.	Less than 1 per 100 ml.	
23rd April	1 per ml.	Less than 1 per 100 ml.	
7th May	Less than 1 per ml.	Less than 1 per 100 ml.	
21st May	3 per ml.	Less than 1 per 100 ml.	
11th June	Less than 1 per ml.	Less than 1 per 100 ml.	
25th June	2 per ml.	Less than 1 per 100 ml.	
8th July	Less than 1 per ml.	Less than 1 per 100 ml.	
16th July	2 per ml.	Less than 1 per 100 ml.	
23rd July	2 per ml.	Less than 1 per 100 ml.	
5th Aug.	3 per ml.	1 per 100 ml.	1 Faecal
21st Aug.	20 per ml.	1 per 100 ml.	1 Faecal
27th Aug.	Less than 1 per ml.	Less than 1 per 100 ml.	
9th Sept.	1 per ml.	1 per 100 ml.	1 Faecal
24th Sept.	Less than 1 per ml.	Less than 1 per 100 ml.	

The large swimming bath is used as such for the period from Easter until the end of September.

FOOD CONDEMNED DURING THE YEAR 1958.

Home Killed Meat.

Beef	..	..	..	28 lbs.
Veal	..	..	..	4 lbs.

Imported Meat.

Beef	..	..	..	7 lbs.
Rabbits	..	..	..	20 lbs.

Poultry.

Chicken	..	..	..	215 lbs. 8 ozs.
Turkey	..	..	..	9 lbs.

Miscellaneous Meat Products.

Bacon	..	..	..	83 lbs. 8 ozs.
Ox Heads	..	..	..	170 lbs.
Lambs Liver	..	..	..	13 lbs. 8 ozs.
Pork Sausages	..	..	..	12 lbs.

Tinned Meat.

Corned Beef	..	..	..	794 lbs.
Pork Luncheon Meat	..	..	..	589 lbs.
Ham	..	..	..	480 lbs.
Stewed Steak	..	..	..	526 lbs.
Ox Tongue	..	..	..	116 lbs.
Jellied Veal	..	..	..	90 lbs.
Minced Beef	..	..	..	60 lbs. 8 ozs.
Pork Brawn	..	..	..	5 lbs.
Pork	..	..	..	14 lbs. 8 ozs.
Lambs Tongue	..	..	..	4 lbs. 8 ozs.
Steak Pudding	..	..	..	5 lbs.
Chicken	..	..	..	9 lbs.

Wet Fish

Cod Fillets	..	..	..	6 stone 4 lbs.
Cat Fillets	..	..	..	2 stone
Dog Fillets	..	..	..	1 stone
Herrings	..	..	..	6 stone
Plaice	..	..	..	2 stone
Whiting	..	..	..	4 stone
Haddock	..	..	..	9 stone 7 lbs.
Haddock (Smoked)	..	..	..	7 stone
Skate	..	..	..	1 stone 7 lbs.
Salmon	..	..	..	3 stone 1 lb.
Crabs	..	..	..	4 stone
Turbot	..	..	..	13½ lbs.
Prawns	..	..	..	13 lbs.
Escallops	..	..	..	12 dozen
Shrimps	..	..	..	2 gallons

Tinned Fish.

Pilchards	..	..	..	153 tins
Sardines	..	..	..	46 tins
Salmon	..	..	..	32 tins
Tuna	..	..	..	25 tins
Herrings	..	..	..	12 tins
Crab ..	..	..	..	13 tins
Soft Roes	..	..	..	14 tins
Silds ..	..	..	..	2 tins
Shrimps	..	..	..	2 tins

Tinned Fruit.

Pineapple	..	..	..	349 tins
Peaches	..	..	..	279 tins
Apricots	..	..	..	263 tins
Oranges	..	..	..	210 tins
Pears	..	..	..	113 tins
Plums	..	..	..	140 tins
Grapefruit	..	..	..	73 tins
Fruit Salad	..	..	..	58 tins
Cherries	..	..	..	77 tins
Apples	..	..	..	85 tins
Prunes	..	..	..	21 tins
Gooseberries	..	..	..	10 tins
Rhubarb	..	..	..	11 tins
Strawberries	..	..	..	9 tins
Raspberries	..	..	..	4 tins
Grapes	2 tins
Loganberries	1 tin

Fresh Vegetables.

Potatoes	17 cwt. 57 lbs.
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Tinned Vegetables.

Tomatoes	690 tins
Processed Peas	519 tins
Garden Peas	316 tins
Beans in Tomato	..	..	..	171 tins
Carrots	..	..	..	36 tins
Mixed Vegetables	..	..	..	25 tins
Butter Beans	..	..	..	22 tins
Broad Beans	..	..	..	17 tins
Runner Beans	..	..	..	18 tins
Beetroot	..	..	..	17 tins
Sweet Corn	..	..	..	7 tins
Spinach	..	..	..	4 tins
Celery	..	..	..	4 tins

Tinned Milk.

Evaporated Milk	..	..	..	306 tins
Skimmed Milk	..	..	..	16 tins
Cream	..	..	..	26 tins

Jam and Marmalade.

Orange Marmalade	..	..	47 tins
Grapefruit Marmalade	..	..	3 tins
Apricot Jam	..	..	10 tins
Peach Jam	..	..	7 tins

Soup.

Chicken	..	..	49 tins
Oxtail	..	..	29 tins
Mulligatawny	..	..	25 tins
Vegetable	..	..	23 tins
Tomato	..	..	14 tins
Mock Turtle	..	..	11 tins
Mushroom	..	..	7 tins
Scotch Broth	..	..	6 tins
Celery	..	..	4 tins
Onion	..	..	4 tins
Kidney	..	..	1 tin
Meat	..	..	9 tins

Cheese.

Cheddar Cheese	..	..	11 lbs.
Danish Blue	..	..	48 portions

Other Foods.

Spaghetti	..	..	25 tins
Baby Foods	..	..	55 tins
Fish Paste	..	..	47 jars
Meat Paste	..	..	1 jar
Creamed Rice	..	..	15 tins
Grapefruit Juice	..	..	15 tins
Orange Juice	..	..	2 tins
Pineapple Juice	..	..	6 tins
Tomato Juice	..	..	13 tins
Tomato Puree	..	..	9 tins
Gherkins	..	..	2 tins
Piccallilli	..	..	5 jars
Pickled Onions	..	..	$\frac{1}{2}$ gal. jar
Tomato Sauce	..	..	5 bottles
Vinegar	..	..	23 bottles
Apple Sauce	..	..	1 tin
Vegetable Salad	..	..	1 tin
Liquid Egg	..	..	11 lbs.
Butter	..	..	42 lbs.
Ravioli	..	..	4 tins
Syrup Pudding	..	..	1 tin
Hamburger	..	..	1 tin
Pies ..	..	..	11
Dates	..	..	3 boxes
Minced Chicken	..	..	4 jars

39 Barrels of Potatoes condemned by a Magistrate.

